

Jackson County Medical Control Authority
Community Paramedicine Protocols
DIABETIC PATIENTS

Date: March 2015

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Diabetic Patients

Indications: This protocol provides general guidance for the evaluation of patients with hyperglycemia or hypoglycemia related to known diabetes under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. Hypoglycemic patients who cannot be cleared by ALS 911 response will likely need transport to the ED. The CP will follow guidelines outlined by the primary care providers or on-line medical direction orders.

Purpose: To assess the diabetic patient and treat patients with extremes of blood glucose who do not require urgent ED evaluation. Patients who should be transported immediately include those who have significant vital sign abnormalities or signs of significant infection.

CPU Directives:

1. Follow **General Protocol for CPU Patient Assessments**.
2. Obtain and review patient health history and primary care provider's orders prior to evaluation when available. If not already done, measure the blood glucose level.

Hypoglycemia

3. Hypoglycemic patients who cannot be cleared by ALS 911 response will likely need transport to the ED. If the CP is in attendance for the hypoglycemic patient treat as follows.
4. If the patient is alert but demonstrating signs of hypoglycemia and the blood glucose is less than 60 mg/dl administer oral high caloric fluid.
5. If patient is not alert or vital signs are unstable:
 - a. Evaluate and maintain airway, provide oxygenation and support ventilations as needed. Consider immediate transport.
 - b. If no suspected spinal injury, place the patient on either side.
6. If glucose is less than 60 mg/dl, and patient is demonstrating signs of hypoglycemia:
 - a. Administer Dextrose 50%, 25 grams (50 ml) IV or small amounts of oral glucose paste, buccal or sublingual.
7. Once the patient becomes alert, feed the patient and assess for infection or other complicating issues.
8. Recheck the blood glucose 10 minutes after glucose administration. Recheck as indicated.

Hyperglycemia

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9. Assess the patient's medication compliance and diet.
10. Obtain a blood sample for I-STAT evaluation, see **I-STAT** protocol.
11. Assist the patient in the administration of their own diabetic treatment medications as indicated.

12. Consider administration of IV fluid boluses as indicated.
13. Consider obtaining a urine dipstick to check for ketonuria.
14. Recheck blood glucose and reassess the patient every 30 minutes during treatment.
15. Contact the PCP or on-line medical direction per the **General Protocol for CPU Patient Assessments** along with the patient report and discuss treatment and continuity plans.
16. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed.